743 The table above clearly shows that the medical facilities obtainable in these villages are far from satisfactory. Only 6 villages out of 28 villages have a dispensary either located in the village or within a radius of five miles. Considering the lack of communication facilities and the hilly nature of the district even five miles is often too long a distance for a patient to go to the doctor or for a doctor to attend a patient. When the doctor has to cover long distances the charges become too high. As a result the poorer sections in case of serious illness have to approach unqualified medical men when one is available or otherwise to depend upon the mercy of God. Even for quinine and other cheap medicines one has to go to a dispensary or a private medical practitioner miles away. Reportedly, the more disheartening fact is that the medical help received by the people from Government dispensaries are not often timely and adequate due to non-availability of a doctor and in-adequacy of stock of medicines.

361 364 **4.4 Sanitation.**—Though conditions of housing, sanitations, etc., of the villages are described in village notes in the appendix, it will be pertinent to make some general observations on the point. Unlike other hill tribes, the Khasis select their house sites on the hill slopes and level lands by the side of the hills as a protection from winds. From the fact that the villages are situated in the slopes one might be tempted to think that the sanitary and drainage system of the villages should be quite satisfactory. But in fact it is otherwise in many cases particularly in the case of big villages where too many families huddle up constructing their houses very close to each other thus practically converting the village into a slum. Many of the villages, due to their very location in groves surrounded by thick jungles do not get sufficient sun-light and as a result always remain damp, facilitating frequent incidence of cold and influenza. People answer the call of nature in jungles and bushes in and around the villages. Many of the villages are built on level lands full of swamps, mud and tall weeds, places which provide good breeding place for mosquitoes. Cowsheds and pig sties are built close to the residential quarters which make the villages all the more dirty. Indeed, there are villages enjoying excellent sanitation and health but in majority of the villages there remains a lot to be done for improving the sanitary, drainage systems for educating the people to make their villages more hygienic. From the Government side also, elaborate measures should be adopted to combat and eradicate malaria which is still causing [312] havoc in the district. Similarly, drinking water supply schemes should receive a high priority in a programme of development.

342 **4.5 Housing.**—Majority of the houses in the interior areas are made of thatch and bamboo with wooden planking or stone or earthen floor. Walls are plastered with mud. In higher altitudes houses are lowly roofed presumably as a protection against wind and heavy rain. Some of these houses assume the shape of a half buried cylinder. They generally have only one opening through the main door, though some of them have another in their rear end. They generally contain only two small rooms. One who is not used to such conditions wonders how the inmates, especially when there are five or six of them, could feel comfortable. Houses of the well-to-do people particularly those on the road side, are built in the modern style with C.I. roofing, plank floor, mud plastered, whitewashed

20: Hunter G-4 (no date) 1897 AR7 Khasi AR7

disfigured from the practice. Adults will chew as many as four or five betel-nuts a day, with the usual accompaniment of *pán* leaves. The estimated cost of maintaining an average family of the labouring class is about Rs. 8 or 16s. a month.

TOWNS: SHILLONG.—There are no towns in the usual acceptance of the word; but the chief places in the Hills, looked upon by the inhabitants as cities, are Shillong, Jowái, Cherrá Púnjí, and Shellá. According to the Census of 1872, Shillong had only 1363 inhabitants, Cherrá Púnjí 443, and Jowái 4502. Jowái, however, is a collection of rural hamlets, and the population of Shillong has entirely altered since the date of the Census. The latter place first became the Civil Station in 1864, in substitution for Cherrá Púnjí; and when Assam was erected into an independent Province in 1874, it was selected as the permanent seat of the Local Government. The Chief-Commissioner resides there, and also the heads of all departments in the Administration. The area of the Station is 7 miles in length by 1½ to 1¾ miles in breadth. A considerable native population is already settled, and is increasing from day to day. One of the largest weekly markets is held in the *bázár*; and with a view to facilitate access to the Station, which is the sanitarium for the Province of Assam, a cart road has recently been completed to Gauháti on the Brahmaputra, which will tend to make the place more and more important. An excellent water supply is introduced into Shillong through an aqueduct which has its source in the neighbouring hill streams, and sanitary measures are carefully enforced. Large sums of money have annually been expended on the erection of the public buildings necessary for the offices of the administration. A printing-press has been established, from which issue all the official documents and reports of the Province. The climate is excellent, the temperature being more equable than that of any other hill station in India, and therefore admirably suited to the constitution of Europeans. There is a church at Shillong, and a chaplain on the Bengal establishment officiates both there and at Gauháti. The cantonments were occupied in 1875 by the 43d Regiment of Assam Light Infantry, with three outposts. The strength was 9 European officers, 16 native commissioned officers, 80 non-commissioned officers, 772 fighting men, and 58 paid camp followers and non-combatants; grand total, 935. The total cost, including contingencies, was Rs. 189,190, or £18,919.

20: Hunter G-4 (no date) 1897 AR7 Khasi AR7

731 pre-eminently filthy villages on the Cherrá Púnjí plateau the epidemic appears to have found a fitting home, for it stayed among them for a period of nine weeks and a half. The civil surgeon reports the deaths at Cherrá Púnjí and the surrounding villages to have amounted to about 175 out of a total of 232 cases. During the year 1876-77 hooping-cough and small-pox were prevalent in an epidemic form. In the Jáintiá Hills small-pox is stated to have caused 47 deaths, chiefly during the months of June, July, and August. Some fatal cases of hooping-cough occurred among the Khásí children in the village of Máokhar, near Shillong. The only two cases of cholera reported were in the Jáintiá Hills.

16 VITAL STATISTICS.—A general system of registration is not [659] attempted throughout the Khásí and Jáintiá Hills District. Statistics [648] of births and deaths are only collected among the inhabitants of the Stations of Shillong and Cherrá Púnjí, and in the selected area in the vicinity of Jowái, which comprises the following seven villages: —Jowái, Nongbah, Nartiang, Mynsau, Amwí, Ralliang, and Shampúng. This selected area has a population of 12,504. Each village forms a distinctly-circumscribed community, in which the statistics are readily ascertained and reported by the *dolloi* or head-man. The returns may be regarded as extremely close to the truth, both for births and deaths; and they thus furnish an approximate statement of the health of the entire Hills. In 1874 the total number of deaths in the selected area was 351, showing a death rate of 28 per thousand; the number of births was 431, or 34·4 per thousand. The total population of all the places in which vital statistics are collected is 15,458 persons, among whom 428 deaths were recorded in 1874, showing a death-rate of 27·6 per thousand, as compared with 27·3 per thousand in the preceding year. The deaths were thus distributed—24 from cholera, 296 from fever, 38 from bowel complaints, 2 from snake-bite or wild beasts, and 68 from all other causes. The mortality from fevers was the highest recorded throughout the entire Province. On this the civil surgeon observes:—'There are few local sources of malaria in the Hills. Many of the deaths from fever were probably due to typhoid, induced by the use of impure water and by the filthy state in which the people live. There is no attempt at conservancy in a Khásí village. 312 In Jowái, a good specimen of the class, the lanes and pathways are • 364 strewn with excrement and house refuse. Drinking water is got 164 from wells in the heart of the village, fed by the drainage of the

20: Hunter G-4 (no date) 1897 AR7 Khasi AR7

312
364
[164]

surface soil of the hills upon which the houses are built.' Cholera is attributed to importation from the plains.

SANITATION.—It has already been stated that the ordinary Khási villages are absolutely destitute of any conservancy arrangements. The sanitary condition, however, of the Station of Shillong is described as 'good.' The natural drainage is excellent. Drinking water is obtained chiefly from hill streams, and on the banks of these streams conservancy regulations are enforced. The water is conducted into the town by means of an artificial water-course. Public latrines have been erected at suitable places inside the town. The staff of sweepers and *beldárs* keeps the roads and drains clean, and the surface generally free from pollution. The sanitary condition of the cantonment is reported to be very good.

743

CHARITABLE DISPENSARY.—There is one dispensary in the Khási and Jáintiá Hills—at the Station of Shillong. It was first opened in 1872, and considerable additions have since been made to the building. During 1874 a total sum of Rs. 775. 8, or £77, 11s., was expended on new constructions and repairs, towards which the European residents subscribed Rs. 329. There is now accommodation for 10 male and 3 female patients. In that year the total number of in-door patients treated was 44, of whom 9 died, giving a death-rate of 20·45 per cent. The number of out-door patients was 529, or an average daily attendance of 7·8. Of the grand total of patients of both classes, only 31 were females. The largest number of cases are classified under the headings of fevers and constipation and colic. The total income during the year was Rs. 1598. 13. 9, or £159, 17s. 8d., of which Government contributed Rs. 300 for salaries, and an additional Rs. 300 as a special allowance. The European subscriptions amounted to Rs. 869, as compared with Rs. 33 subscribed by natives. The total expenditure was Rs. 1187. 15. 6, or £118, 16s., leaving a balance in hand of Rs. 410. 14. 3. The chief items were Rs. 480 for salaries of medical subordinates, Rs. 160 for servants' wages, and Rs. 222 for dieting of sick. There were 53 minor operations performed during the year.

[164]

755

The people of the District have no system of medicine of their own, and no native practitioners. Their sole remedies consist in divination and incantation. The only indigenous native drugs are chireta and wormwood. As stated in a previous paragraph, a small cinchona plantation was established by Government at Nongklao in 1867.

278
648
654